

Department of Health and Human Services
Office of MaineCare Services

PLEASE READ AND DISTRIBUTE TO CLAIMS STAFF
IMPORTANT CLAIMS INFORMATION FOR
Section 17- Community Support Services

Please review the following suggestions to avoid common billing errors when completing the CMS-1500 Claim Form:

1. DATES OF SERVICE

All dates of service indicated on the claim must be within the Prior Authorization (PA) date range of the authorization.

2. PA NUMBER

The PA number must be included on the claim form in Box 23. If you do not have a PA number for the service that has been authorized, please submit the PA Review to APS Healthcare via CareConnection. If you are unable to access CareConnection, the PA Review may be submitted by phone (1-866-521-0027) or fax (1-866-521-0184).

Note: Services listed in this Billing Advisory delivered **prior to February 1, 2008**, do not require a MECMS PA Number to be submitted with claims. Services delivered **February 1, 2008 and after** do require a MECMS PA Number to be submitted with claims.

3. PROCEDURE CODE

The procedure code must be listed in Box 24D of the CMS 1500 claim form.

PROCEDURE CODES that require PA

CBB10-ACT monthly

CBB17-ICIS Intensive Community Integration Services team led by PA or APRN monthly

*CBB17-AF-ICIS Intensive Community Integration Services team led by Psychiatrist monthly

CBB16 Intensive Case Management by state employees

*H0038 CIPSS-Self help/peer services 15 minutes

H2012-Day treatment (Day Supports)per hour

H2014-Skills Training and Development (Skills Development) 15 minutes

H2015-CIS Comprehensive Community Support Services 15 min

H2017-Psychosocial Rehab (Daily Living Support Services) 15 minutes

H2019-Therepeutic Behavioral Services (WRAP, Recovery workbook, TREG, DBT) 15 minutes

H2025-Ongoing support to maintain emp (Skills Development) 15 minutes

***These codes are not active until policy is final.**

4. MODIFIERS

AF modifier is only used with CBB17-ICIS Intensive Community Integration Services team led by a **Psychiatrist**

Use Modifier U1 in Box 24D for services provided by "Other Qualified Staff". Enter the Servicing Provider ID number of the licensed clinical supervisor in Box 24K if you are using the CMS 1500 (12/90) version of the claim form or Box 24J if you are using the CMS 1500 (08/05) version of the claim form.

5. SERVICING PROVIDER ID NUMBER

For codes that require a servicing provider number, enter the servicing provider ID in Box 24K if you are using the CMS1500 (12/90) version of the claim form. Enter the servicing provider ID in Box 24J if you are using the CMS1500 (08/05) version of the claim form.

6. CONTRACT AND PROVIDER NUMBER

Please make sure your agency has a contract with DHHS and a MaineCare Provider Number to provide Community Support Services before billing for these services. The Department will not be able to issue a PA to provide services

until the appropriate specialties are added to your MaineCare Provider Number. You will not be able to bill for these services without a PA.

7. MEMBER ELIGIBILITY

The provider is responsible to verify member eligibility prior to providing the service. Since PA's are issued for future dates of service, if the member's eligibility for the authorized service ends during the PA period, the provider will not be reimbursed by MaineCare for services provided after the member's eligibility has ended.

8. BILLING QUESTIONS

All billing questions should be directed to the MaineCare Billing and Information Unit at 1-800-321-5557, Option 8. This Unit will assist providers with billing resolution. If it is determined that the issue needs a higher level of intervention, the caller will be referred to the appropriate Provider Relations Specialist.